

<i>SERFF Tracking Number:</i>	<i>FARM-125528277</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>#3040008874 \$50</i>
<i>Company Tracking Number:</i>	<i>J2AR080312HBTC2</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
<i>Product Name:</i>	<i>Habitational - Directors and Officers Amendatory Coverage Endorsement (D321726)</i>		
<i>Project Name/Number:</i>	<i>Habitational - Directors and Officers/J-AR-2008-HB-F</i>		

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange			
Product Name: Habitational - Directors and Officers Amendatory Coverage Endorsement (D321726)		SERFF Tr Num: FARM-125528277 State: Arkansas	
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: #3040008874 \$50	
Sub-TOI: 05.0002 Businessowners	Co Tr Num: J2AR080312HBTC2	State Status: Fees verified and received	
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding	
	Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Edward Petersen	Disposition Date: 03/19/2008	
	Date Submitted: 03/12/2008	Disposition Status: Approved	
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008	
Effective Date Requested (Renewal): 08/01/2008		Effective Date (Renewal): 08/01/2008	

State Filing Description:

General Information

Project Name: Habitational - Directors and Officers	Status of Filing in Domicile: Pending
Project Number: J-AR-2008-HB-F	Domicile Status Comments: Filing being made in California
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/19/2008	
State Status Changed: 03/13/2008	Deemer Date:
Corresponding Filing Tracking Number:	

SERFF Tracking Number: FARM-125528277 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008874 \$50
 Company Tracking Number: J2AR080312HBTC2
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Habitational - Directors and Officers Amendatory Coverage Endorsement (D321726)
 Project Name/Number: Habitational - Directors and Officers/J-AR-2008-HB-F

Filing Description:

Farmers Insurance Group of Companies respectfully submits the following for approval:

J6361 1st Edition (93-6361) 10-07 – “DIRECTORS AND OFFICERS AMENDATORY COVERAGE ENDORSEMENT”:
 This is a new proprietary form intended to amend our approved proprietary – Directors and Officers Liability Coverage Form (Condominium and Cooperatives) [E9122 3rd Edition (91-9122) 09-02]. This mandatory endorsement broadens and clarifies coverage by redefining the definition for “Claim”; clarifying “cost” incurred in a lawsuit do not include attorney fees; and deleting an exclusion that failure of D & O insured to obtain insurance is not a covered exposure.

Our effective dates for this form are July 1, 2008 for new business and August 1, 2008 for renewals. If you have any questions regarding this form filing, please contact Ted Petersen at (805) 306-6542, fax number (805) 306-6667 or e-mail Ted.Petersen@Farmersinsurance.com. Please reference the filing numbers listed on the first page. Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager Charlene_Hall@farmersinsurance.com
 3041 Cochran Street (805) 306-6648 [Phone]
 Simi Valley, CA 93065

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-6016640	

Truck Insurance Exchange	CoCode: 21709	State of Domicile: California

4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575892	

SERFF Tracking Number: FARM-125528277 State: Arkansas

First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008874 \$50

Company Tracking Number: J2AR080312HBTC2

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Habitational - Directors and Officers Amendatory Coverage Endorsement (D321726)

Project Name/Number: Habitational - Directors and Officers/J-AR-2008-HB-F

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 1 form filing @ \$50.00 per filing = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Exchange	\$0.00	03/12/2008	
Mid-Century Insurance Company	\$0.00	03/12/2008	
Truck Insurance Exchange	\$0.00	03/12/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3040008874	\$50.00	02/27/2008

SERFF Tracking Number: FARM-125528277 *State:* Arkansas
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Liability
Product Name: Habitational - Directors and Officers Amendatory Coverage Endorsement (D321726)
Project Name/Number: Habitational - Directors and Officers/J-AR-2008-HB-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/19/2008	03/19/2008

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Disposition

Disposition Date: 03/19/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 08/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Directors and Officers Amendatory Coverage Endorsement	Approved	Yes

SERFF Tracking Number: FARM-125528277 State: Arkansas

First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008874 \$50

Company Tracking Number: J2AR080312HBTC2

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Product Name: Habitational - Directors and Officers Amendatory Coverage Endorsement (D321726)

Project Name/Number: Habitational - Directors and Officers/J-AR-2008-HB-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Directors and Officers Amendatory Coverage Endorsement	J6361	10-07	Endorsement/New Amendment/Conditions		0.00	J6361101.pdf



FARMERS

J6361
1st Edition

DIRECTORS AND OFFICERS AMENDATORY COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY COVERAGE FORM (Condominiums and Cooperatives)

A. Paragraph **A.2.d. SUPPLEMENTARY PAYMENTS** is deleted and replaced by the following:

d. All costs assessed against the "insured" in a "suit" exclusive of attorney fees.

B. Paragraph **B.5. EXCLUSIONS** is deleted in its entirety.

C. Paragraph **G.3. DEFINITIONS (INCLUDES RESTRICTIONS OR ABRIDGMENTS)** is deleted and replaced by the following:

3. "Claim" means:

a. a civil or administrative adjudicatory proceeding; or

b. a written demand for monetary damage against the insured for a wrongful act.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

<i>SERFF Tracking Number:</i>	<i>FARM-125528277</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FARM-125528277 *State:* Arkansas
First Filing Company: Farmers Insurance Exchange, ... *State Tracking Number:* #3040008874 \$50
Company Tracking Number: J2AR080312HBTC2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Habitational - Directors and Officers Amendatory Coverage Endorsement (D321726)
Project Name/Number: Habitational - Directors and Officers/J-AR-2008-HB-F

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	03/19/2008
Comments:			
Attachment:			
AR-PCTD1Form.pdf			


Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR080312HBTC2
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Charlene Hall		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Multi-peril – 5.1, 5.2			
10. Sub-Type of Insurance (Sub-TOI)	Commercial Multi-peril – 5.1, 5.2			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	5.0, 5.2			
12. Company Program Title (Marketing title)	Habitational - Businessowners			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	July 1, 2008	Renewal:	August 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	March 12, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR080312HBTC2
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Farmers Insurance Group of Companies respectfully submits the following for approval:

J6361 1st Edition (93-6361) 10-07 – “Directors And Officers Amendatory Coverage Endorsement” This is a new proprietary form intended to amend our approved proprietary – Directors and Officers Liability Coverage Form (Condominium and Cooperatives) – [E9122 3rd Edition (91-9122) 09-02]. This mandatory endorsement broadens and clarifies coverage by redefining the definition for “Claim”; clarifying “cost” incurred in a lawsuit do not include attorney fees; and deleting an exclusion that failure of D & O insured to obtain insurance is not a covered exposure.

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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 3040008874

Amount: \$50 (Farmers, Truck and Mid-Century)

Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		J2AR080312HBTC2		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Directors And Officers Amendatory Coverage Endorsement	J6361 1 st Edition 10-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		